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Bib Data Sheet

CONFIRMATION NO. 6644

<b>SERIAL NUMBER</b> 10/691,352	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 361	<b>GROUP ART UNIT</b> 2835	<b>ATTORNEY DOCKET NO.</b> 14231US02
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/921,485 09/02/1997 PAT 6,895,419  
 which is a CON of 08/646,405 05/07/1996 ABN  
 which is a CON of 08/289,322 08/11/1994 PAT 5,515,303  
 which is a CON of 07/984,980 11/30/1992 ABN  
 which is a CIP of 07/921,449 07/28/1992 ABN  
 which is a CIP of 07/707,954 05/22/1991 ABN  
 which is a CIP of 07/364,594 06/07/1989 ABN  
 which is a CIP of 07/339,330 04/14/1989 ABN  
 and said 08/289,322 08/11/1994  
 is a CIP of PCT/US90/03282 06/07/1990  
 and said 07/984,980 11/30/1992  
 is a CIP of 07/633,500 12/26/1990 PAT 5,202,817  
 which is a CIP of 07/626,711 12/12/1990 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 12/22/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

23446

**TITLE**

Portable computerized data communication device

**FILING FEE**

FEES: Authority has been given in Paper

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of

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4/14/08